SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Dept (Ecife) Fill 日の名の日

Date: Permit #: Refund: Amount Paid: \$75 4750-1 3-13-13 13-084 CHERED !

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS: Day Tole (

Secretatial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PE			Hec a for labour	Too'd for Issuance		Municipal Use				☐ Commercial Use				▼ Posidontial Hea			Fi Oposea ose	Promosed Hise	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		,			18,000 T	<u> </u>	T. Taracallan	ion e &	☐ Non-Shoreland	XShoreland →		Section (ر ان	1/4,	LOCATION	- CANA	ent:		6	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED—>
211						Τ°	pa			Jse				S				•	tion:	(if permit bein	And the second s	Property	Run a Business on	☐ Relocate (existing bldg)	Conversion	✓ Addition/Alteration	☐ New Construction	Project (What are you applying for)	100000000000000000000000000000000000000) Is Property/	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	, iownsnip		1/4	Legal Description:	SUNSO	(Person Signing Application on behalf of Owner(s))	AN 5017	ames			
FAILURE TO	Other: (explain)	Condition	Special Us		Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous		- Line			- third diffe	Kesidelice	Principal S				g applied for			ness on	(isting bldg)		teration	ruction	t plying for)	100 00 00 00 00 00 00 00 00 00 00 00 00	Land within	Land within ward side of	- f - f - 14,	774	Z ON THE COLUMN TO THE COLUMN	4	3	ation on behalf c		大名			
OBTAIN A PERMIT	plain)	Conditional Use: (explain)	Special Use: (explain)	o	> l		Addition/Alteration (sp	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	With Corre	Residence (i.e. capit, liulium shack, etc.)	Principal Structure (first structure on property) Posidone (i.e. cable hunting shark etc.)				is relevant to it)		☐ Foundation	1		X 2-Story	1-Story +	□ 1-Story	# of Stories and/or basement	000) Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yes—continue —	le, range		ot Lot(s)			of Owner(s))	(715)				
or starting (- United		tion/Altera		1 I.	red date)		ed Garage	eck		orch	***************************************	Hall B Shack	t structure c		Propo	Length:			j	ent			Loft 💢 Y	S	s nent		te, Pond or Flowage If yescontinue	r, Stream (inc		W .	<u>ද</u> දුදු	-C-1700-10	PIN: (23 digits)	Agent Phone:	795-21	Contractor Phone:	City/State/Zip:	7250 S	Mailing Address:
CONSTRUCTION					tion (specify		SOICEN		sleeping quarters,		AL STREET				, מנכי)	in property)		Proposed Structure	gth:	gth:						Year Round	Seasonal	Use		owage ntinue —	(incl. Intermittent)	bar	Town of:	Vol & Page	44-	-		6		, ,	W Hunt	Į
I WITHOUT A PERI					/)	¥	Morch		or 🗆 cooking					L. Carrier Control of		1		lre					□ None		3	X 2	□ 1	# of bedrooms		Distance Stru	Distance Structure	DONES		Lot(s) No.	04-02-3		Agent Mailing Address (include		Plumber:	7	100 B)	Citv,
MIT WILL RESUL									& food prep facilities)							- House			Width:	Width:	□ NOIR	None			1	□ (New)	1 1			Distance Structure is from Shoreline:		and of the last		Block(s) No.	18	1	Address (include	Louis	1846	0 7	Brtland	City/State/Zip:
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES					(_			acilities) (_	(~ -			1		5			None	Portable (w/service con	Pit) or U	Sanitary (Exists) Speci	(New) Sanitary Sp	1 1	What Type of Sewer/Sanitary System Is on the property?		Shoreline :	is from Shoreline : feet		Lot Size	No. Subdivision	18	3) Descorded	City/State/zip)	(1)	U	Σ I	OR 9	
	×	×	×		×	×	34 × /	×	×	×	×	×	×	×	×	× >	<	Dimensions	He	He		- The state of the	contract)	Vaulted (min	pecify Type: _	Specify Type:		What Type of wer/Sanitary System is on the property?		⊠ Yes	ls P			sion:	1865				1		7223	
))))	_	5))	_	_	}	}		- 	_ .		-		Height:			2,000	- Later Hard	200 gallon)	ify Type: Cou.V					to es`		, ,	Acreage		Page(s)_	Document: (i.e. Property Ownership)	Written Attached	Weither A	Plumber Phone:	Cell Phone:	793-1820	Telephone:/
	,						360						and a feet of the		Apparation		Footage	Square		3						x Well	□ City	Water		≱ □ Yes	Are Wetlands Present?		16.6	li e e e e e e e e e e e e e e e e e e e	1200	y Ownership	HOTIZACION)ne:		068	$\langle \rangle$

Aftach
Copy of Tax Statement
Copy of Tax Statement
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

Owner(s): (If there are Multiple Ow

listed on

 $\det \operatorname{All}$ Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent;

behalf of the

owner(s) a letter of authorization must accor

pany this application)

Date

Feet

Feet

		Hold For Fees:		Hold For Affidavit:	r TBA: 🔲	Hold For Sanitary: Hold For TBA:	Hol
proval: ユヌー/ ろ	Date of Approval:				dantaha	Signature of Inspector: ////WWW	Sie
poor.	Data of As	-	-			1 11 00	2
						see officavil	
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		attached.)	-(If No they need to be atta	☐ Yes ☐ No –(If N	- 1	Condition(s):Town, Committee or Board Conditions Attached?	8
pection:	Date of Re-Inspection:		tustal	ed by: VIII		Date of Inspection: 2-12-113	Da
	Lakes Classification	of time.	y vor ve	e Ka	Strictus	TOMANO	A.
(R-J)	Zoning District	-1 1		•		Inspection Record:	Z.
□ No	ed XIYes	Was Property Surveyed			X Yes □ No	Was Proposed Building Site Delineated	<
□ No		•	Were Property Lines			Was Parcel Legally Created	}
	Case #:	Variance (B.U.A.)	□ Yes 🎜 No			Granted by Variance (B.O.A.) ↑ Yes M.No Case #:	្នំ ទ
)			e Noti-Contoliting	,
d XYes No	Affidavit Required Affidavit Attached	□Yes XNo	Mitigation Required Mitigation Attached	No X	(Deed of Record) (Fused/Contiguous Lot(s))	Is Parcel a Sub-Standard Lot Yes Is Parcel in Common Ownership XYes	<u>s</u>
				Carc	retain Care.	re::::::::::::::::::::::::::::::::::::	7
					7	1	7
16-8-74	sanitary, pate:	# of bedrooms:	2426	Reason for Denial:	Only)	Issuance Information (County Use Permit Denied (Date):	ls:
	as not begun. niform Dwelling Code.	Ⅰ≓ㅂ군	n the Date of Issuance i Municipalities Are Req Federal agencies may a	y Dwelling: ALL e, City, State or	nd Use Permits Expire C f New One & Two Famil The local Town, Villag	For The Construction O	7
and Well (W).	ank (HT), Privy (P),	in field (DF), Holding T	, <u>Septic Tank (ST)</u> , Dra	w Construction	sed Location(s) of Ne	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	
oposed site of the structure, or must be		a known corner within 500 feet	of a corrected compass from	he Department by use	veyed comer, or veriflable by t	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the previously surveyer at the owner's expense.	man
red must be visible from) the setback must be meas	k, the boundary line from which	the minimum required setbac	e. h thirty (30) feet from	surveyor at the owner's expens than ten (10) feet but less than	ner previously surveyed comer or marked by a licensed or to the placement or construction of a structure more	othe
ble from one previously surveyed corner to the		boundary line from which the setback must be measured must be visi		required setback, the	訌	etback to Privy (Portable, Composting) or to the placement or construction of a structure within	Prio Se
					36	Setback to Drain Field	Se
了 Feet			Setback to Well	5 Feet		etback to Septic Tank or Holding Tank	Sei
357 Feet		dplain	Elevation of Floodplain	Feet		Setback from the East Lot Line	Se
N/H Feet		% Slope Area	Setback from 20%	-	e NA	atback from the West Lot Line Lake	Ser
NA _A Feet		tland	Setback from Wetland			Setback from the South Lot Line	S K
NV4 Feet		Bank or Bluff	Setback from the	ン Feet	' ((عد	easeweat to	S D
		Setback from the River, Stream, Creek	Setback from the			Setback from the Established Right-of-Way	Ser
107, Feet	nark)	Lake (ordinary high-w	Setback from the			etback from the Centerline of Platted R	Sej
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Measurement		Description		urement	Meas	Description	
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ed by the Planning & Zoning Dept	approved by the Pla	Changes in plans must be approv	Cha		or to continuing)	Please complete (1) – (7) above (prior to continuing)	_
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			ek; or (*)	(*) Stream/Creek; or (*) Pond) Slopes over 20%	(*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	<pre>(6) Show any (*):</pre>	
	nd/or (*)	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or	(*) Drain Field (DF); (*	ptic Tank (ST); ((*) Well (W); (*) Se		
		ad)	(*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property	") Frontage Roa res on vour Pro	(*) Driveway and (*) All Existing Structure	(3) Show Location of (*):(4) Show:	
		;	1	an	North (N) on Plot Plan		
				tion	Proposed Construction	(1) Show Location of:	[
e j ^r i			applying for)	of what you are	Property (regardless	In the box below. Draw or Sketch your Property (regardless of what you are applying for)	্ৰা

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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BAYFIELD COUNTY, WIS CONSUN Date Stamps Received)

FEB 08 2013

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Date: Permit #: Refund: Amount Paid: # (1 S S Marit

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept. (visit our website www.bayfieldcounty.org/zoning/asp)

Secretarial Starr)			Rec'd for Issuance		☐ Municipal Use				Commercial Use			Residential Use				Proposed Use	Proposed Construction	Existing Structure:					780		2		Value at Time of Completion *include donated time &	Non-Shoreland		∦Shoreland →		SectionX	Ì	1/4,	LOCATION	-\r	_ ₹	7	5565		Mrio Gil	Caption of a contract
	Other: (explain)				_		Addition/A	-		Jse		T T T T T T T T T T T T T T T T T T T	se		☐ Residence (\	HOIS	Existing Structure: (if permit being applied for is relevant with			Property	Run a Business on	Conversion	teration	New Construction		Project (What are you applying for)			X Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue		Township A N Range	1/4 Gov 1 or	Legal Description: (Use Fax Statement)		(Person Signing Application on belian of Owner(s))	JOHN SON	Sames 181	2		
ORTAIN A PERMIT OF STA	olain)	Conditional Use: (explain)	Special Use: (explain)		>	Building (specify)	Addition/Alteration (specify)		Bunkhouse w/ (sanitary, or [with Attached Garage	with (2 nd) Deck	with a Deck	with a Porch	with Loft	(i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	ļ <u>, ,</u>		s Televalit to 19	10 (14)	i i i i i i i i i i i i i i i i i i i	Foundation		Rasement	2-Story	1-Story + Inft	1,655	# of Stories and/or basement			00 feet of Lake, Pond o	0 feet of River, Stream		2		4	IE.	<u> </u>	<u> 1</u> 2	Contract	Ony/state/zip:	725	_
RTING CONSTRUCTION V	A STATE OF THE STA	The state of the s		1444	Alteration (specify)	il l	047.60	te)	☐ sleeping quarters, or	age					hack, etc.)	ure on property)	Proposed Structure		Length:	Length:						Year Round	□ Seasonal	Use			\	<u> </u>	Siz	Town of:		0-4-4-4-00-0		0.	16	ractor Phone: Plumber:	e/zip:	WHOUT	•
NITHOUT A PERMI							COMMOTO		or □ cooking &			111111111111111111111111111111111111111				***************************************							□ None		3	2] 1	# of bedrooms		:	Distance Structure	Distance Structure	(5)			Lot(s) No.	400-50	10 5 Muc	t Mailing Addres	(トルル	Chy tari	~
T WILL RESULT IN P		, , , , , , , , , , , , , , , , , , ,	real real real real real real real real				10011		☐ cooking & food prep facilities)					- Armer - Arme		111111111111111111111111111111111111111			Width: 26	Width:	□ None		Portable (w/service o	□ Privy (Pit)	Sanitary (Exists) Specify Type:		□ Municipal/City	Sewe Is c			re is from Shoreline :	11			 	\$ 6	,C	Ay Ucho	Agent Mailing Address (include City/State/Zip):	-	4873	tortand OR	etin
ENALTIES				-			ا ((-		×	(x		× ;	~ ~	\ \ X X	Dimensions					ilet	service contract)	or Uaulted	ists) Specify Typ	ary Specify Type:	Ĭŧγ	What Type of Sewer/Sanitary System Is on the property?			14	-		Lot Size		Subdivision:	Recorded Document:	I ∿	te/Zip):		İ	7	j
	×			-	×	×	× 24)	×	×								nsions 1		Height:	Height:					ne: (bay	e:		tem _V ?			No	Is Property in A		Acreage		10000	jo.	Attached	Written Authorization	Plumber Phone:		793-7840 Cell Phone:	C C C
:							200										Footage	Square	X		-	ļ				Well	□ City	Watei			₩ No	Are Wetlands Present?	,	120			y Ownership	6	orization	ne:	Į.	20	しつじ 1/01/2

Owner(s):
(If there are Multiple Owners listed on)the **Authorized Agent:** Address to send permit fosed t (I) You are signing on behalf of the owner(s) a letter of authorization must accompany this application) 004-04-13-44-09-01-3 05-004-13-00 led All Owners must sign or letter(s) of authorization must accompany this application) Copy of Tax Statement Date M

Please complete (1) - (7) above (prior to continuing)

140+

(8)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	Z. [™]	Setback to Privy (Portable, Composting)
		Feet	٧	Setback to Drain Field
G Feet	Setback to Well	Feet	Ū	Setback to Septic Tank or Holding Tank
SSJ Feet	Elevation of Floodplain	Feet	9	Setback from the East Lot Line
N/H Feet	Setback from 20% Slope Area	Feet	S A	Setback from the West Lot Line Lake
N/H _A Feet	Setback from Wetland	Feet). G.	Setback from the South Lot Line
	THE PARTY NAMED IN THE PARTY NAM	Feet	Б	Setback from the North Lot Line
N/A Feet	Setback from the Bank or Bluff	8198. 2003.	804	easoment D. A.
N/T Feet	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
10.7, Feet	Setback from the Lake (ordinary high-water mark)	Feet	300 †	Setback from the Centerline of Platted Road
Measurement	Description		Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: X Hold For TBA:	Signature of Inspector: Michael Hudel	Condition(s):Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.) Ale off davit,	Date of Inspection: $2-73-73$ Inspected by: 7	Inspection Record! Mon-conforming structure 6 from very	Was Parcel Legally Created	Granted by Variance (B.O.A.) □ Yes : K.No Case #:	Is Parcel in Common Ownership Is Structure Non-Conforming Yes Deed of Record	Permit #: 13-0085 Permit D	Permit Denied (Daté): Reason f	Issuance Information (County Use Only) Sanitary
Hold For Affidavit: 📈		es □ No -{If <u>No</u> they need to be	d by: M. fuitals	m war bt li	Were Property	Previously Grant	No Mitigation Required □ No Mitigation Attached	Permit Date: 3 13 13	Reason for Denial:	Sanitary Number: 2426
Hold For Fees:		attached.)		νe.	Were Property Lines Represented by Owner ダ Was Property Surveyed メ	Previously Granted by Variance (B.O.A.) Gase #	□ Yes XNo □ Yes XNo			# of bedrooms: ス
TOTAL COLUMN	Date of Approval: 73		Date of Re-Inspection:	Zoning District (Lakes Classification (ØYes ØYes	***	Affidavit Required Affidavit Attached			Sanitary Date: 9-74
Name of the Control o	Mail コープコ		±ion:	on (\mathcal{R}^{-1})	□ No		Xives 'No Xives No			-74

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